

**STATE OF ALABAMA
DEPARTMENT OF INSURANCE
HMO's**

**SPECIAL INSTRUCTIONS FOR FILING PREMIUM TAX AND FINANCIAL STATEMENTS
HEALTH MAINTENANCE ORGANIZATION**

IMPORTANT INFORMATION

It is necessary to include your NAIC number in the spaces provided. Do not use the federal identification number in place of your NAIC number.

FILING OF PREMIUM TAXES AND FEES

At this time, the Alabama Department of Insurance does not have an EFT account. The Department has established a lock box operation for receipt of ALL Premium Taxes and Fees. Premium Taxes and Fees, ALL tax returns, and the Annual Statement should be sent to one of two lockboxes. It is the responsibility of the Company to see that Filings are timely and mailed to the correct Lock box. Mail the following items to the address below unless otherwise stated:

THE ITEMS BELOW ARE DUE BY MARCH 1ST OF EACH YEAR

1. Annual Premium Tax Return, applicable taxes and fees
2. Two (2) forms of documentation supporting deductions taken on the above Tax Return
3. Tax-exempt premiums (*Medicare & Medicaid supplemental policies and Employer sponsored plans for government employees*) require supporting documentation, i. e. a policy listing.
4. Official List
5. Application for License Renewal
6. Annual Statement
7. Actuarial Opinion
8. \$250.00 Annual Audit and Examination Fee and Transmittal Form—this item only, see reverse side for address
9. Certificate of Compliance
10. Certificate of Valuation
11. Certificate of Deposit – Failure to submit a current Certificate of Deposit may result in the rejection of your Certificate of Authority Renewal Application.
12. Retaliatory Statement, Applicable Tax

POSTAL SERVICE

Alabama Department of Insurance
c/o Compass Bank
P. O. Box 830691
Birmingham, AL 35283-0691

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance
c/o Compass Bank
701 South 32nd Street
Birmingham, AL 35233

FILING REQUIREMENTS – Fees – Must be filed with Annual Premium Tax Return

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|-------------------------------------|----------|
| 1. HMO Annual Statement Filing Fee: | 20.00 |
| 2. HMO License Renewal Fee: | \$205.00 |

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FILING REQUIREMENTS – Audit and Examination Fees and due dates

The **Annual Audit and Examination Fee for Health Maintenance Organizations is \$250.00**. A check should be attached to the Transmittal Form and mailed to:

POSTAL SERVICE

Alabama Department of Insurance
c/o Compass Bank
P. O. Box 830707
Birmingham, AL 35283-0707

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance
c/o Compass Bank
701 South 32nd Street
Birmingham, AL 35233

SUPPLEMENTAL FILINGS—DUE DATES

All Supplemental filings required by the NAIC Annual Statement Instructions must be filed by the appropriate due dates. Mail those documents directly to the Alabama Department of Insurance:

POSTAL SERVICE

Alabama Department of Insurance
P. O. Box 303351
Montgomery, AL 36130-3351

COURIER OR EXPRESS SERVICE

Alabama Department of Insurance
201 Monroe Street, Suite 1700
Montgomery, AL 36104

ALL FILINGS WITH THE ALABAMA DEPARTMENT OF INSURANCE MUST BE MAILED BY THE U. S. POSTAL SERVICE OR COURIER. HAND DELIVERED DOCUMENTS WILL NOT BE ACCEPTED.

CONTACT PERSONS

All questions relating to premium tax should be addressed to the Department of Insurance, Examiners Division: Ann Strickland (334-241-4154) or Belinda Williams (334-241-4162).